AC 132-S (Effective 9/17)

State of New York

## EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name					Business Unit/Department Code				
Employee ID	Offic	Official Station Address				Official Station Zip			
Last Name	Firs	First Name					МІ	Suffix	
Home Address			City				State	Zip	
Business Purpose Travel Description									
Start Location Street	S	Start Location Zip				Check if used:  ☐ Corp Card ☐ Advance ☐ Direct Bill			
Destination Location Street	D	Destination Location Zip				Normal Work Hours			
Travel Start Date and Time Travel End Date and Time									
1. Indicate All Travel Expenses  If more space is required in any se associated detail form (number she below)	ection, u lown in p	use th parer	ne nthesis	Totals		2. Summa	ary	Amount	
Lodging			A. Total Travel Expenses						
					B. Subtract Amount Paid with Travel Advance				
Transportation (AC 3259-S)					C. Subtract Amount Billed to Corp Card (AC 3256-S)				
					D. Othe (Specif	er Direct Bill ( y)	to Agency		
Meals (AC 3258- S) Overnight Per Diem	@	\$	each =						
Additional Breakfast @ \$ each + Additional Dinner	@	\$	each =						
Day Trip Breakfast @ \$ each + Day Trip Dinner	@	\$	each =						
					E. Othe	r Adjustmen	ts (Specify)		
Mileage Claimed (AC 160-S)		¢p	per mile =						
Incidental Expenses – List (AC 3258-S)									
Total Travel Expenses – Enter in Section 2 Line A					Tota	al Amount (	Claimed		
Traveler's Certification  I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.									
Signature Title								Date	
Supervisor's Certification (if required)  I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.									
Signature of Supervisor Title								Date	
FOR AGENCY USE ONLY  Expense Report Number	Т	Travel Auth. Code							
Entered by			Date						